



# REGISTRATION FORM

e-mail: [info@icftemst.com](mailto:info@icftemst.com)  
web: <http://www.icftemst.com>

Payment of a registration fee covers the cost to attend all conference activities, coffee breaks, conference reception and banquet, and all lunches during the conference. In addition, each registrant will receive a copy of the conference proceedings with ISBN. Notice that this registration fee does not cover transportation fee, accommodation fee, and after conference tour fee.

All question, inquiries, conference, registration  
And payment should be addressed to:  
[info@icftemst.com](mailto:info@icftemst.com)

Please complete this form and email a scanned copy to:  
[info@icftemst.com](mailto:info@icftemst.com)

Event Name	ICFTEMST - 2018
Venue/Place of Event	GIET MAIN CAMPUS AUTONOMOUS, GUNUPUR, RAYAGADA, ODISHA
Date of Event	30 <sup>th</sup> November - 1 <sup>st</sup> December, 2018

PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT

Full Name			Highest Qualification	
Affiliation/Designation				
Mailing Address				
Area, City			State & PIN:	
Mobile(With Country code)			Email	
ACCEPTED PAPER INFORMATION	<b>Paper ID:</b> Title of the paper: Author's Name:			
Co-Author's Name & Designation	1.	2.	3.	Guided by: Mail ID: Contact No: Affiliation:

## PAYMENT INFORMATION

Total Amount (USD)	Bank Name	Remitter	Date	Ref. No
	<b>For online transfer</b> (Debit card/Credit card/Online Banking)	<b>Order ID/Traction ID:</b>		

**Note: It is mandatory to provide a scan copy of ID Proof /Payment Proof along with this Registration form**

## ADDITIONAL INFORMATION

- Will you present physically at the event \_\_\_\_\_ (Y/N).
- No. of Persons attending the event with you? (Including your Co-authors) \_\_\_\_\_.
- Will your Guide/HOD/Principal attending or will attend this Event? \_\_\_\_\_ (Y/N).

## Declaration & Undertaking

1. I am not published this paper anywhere before and I am transferring the Copyright of my paper to ICFTEMST 2018.
2. I will not cause or involve in any sort of violence or disturbance within and Outside of the Conference/Event Venue or during the travel to the venue at any Country during my Visa Period.
3. ICFTEMST – 2018 has all rights reserved to shift the venue, rescheduling the date of the Event.
4. I do here by declare that all the information given by me is true and if at any moment it is found to be wrong my registration for event will be cancelled by ICFTEMST -2018 and take necessary action against me.
5. ICFTEMST 2018 is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper at any country during the Event.

Signature (Author): \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_